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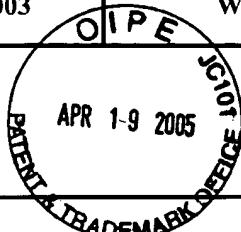
Applicant(s): Donald J. Polak

Docket No.

03-087

Application No.
10/608,735Filing Date
June 27, 2003Examiner
Wujciak, Alfred J.Customer No.
30058Group Art Unit
3632

Invention: One Piece Molded Clamp



I hereby certify that the following correspondence:

1 Transm. Hal Form (1 pg);

1 Request for Continued Examination Transmittal (1 pg) in duplicate; 1 Petition for Extension (1 pg) in duplicate; 1 Request for Examination (8 pgs); 1 \$395 check; 1 \$60 check; 1 return receipt card

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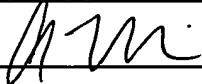
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/608,735
		Filing Date	June 27, 2003
		First Named Inventor	Donald J. Polak
		Art Unit	3632
		Examiner Name	Wujciak, Alfred J.
Total Number of Pages in This Submission	14	Attorney Docket Number	03-087

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Request for Continued Examination Transmittal</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Alicia M. Passerin Cohen & Grigsby, P.C.
Signature	
Date	April 19, 2005

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